
From: Pat Boyd[/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=964064AA20E946EC8768BB561A22A814-PAT BOYD]
Sent: Wed 3/10/2021 1:48:54 PM (UTC)
To: Adam Brosius[adam@pharmasales.com]
Subject: FW: T3 Verification Issue
Attachment: Page16.pdf
Attachment: Page5.pdf

Possible problem



Patrick Boyd | Managing Partner
Safe Chain Solutions, LLC
822 Chesapeake Drive | Cambridge, MD 21613
office: 855.437.5727 x1001 | fax: 866.930.1128
www.SafeChain.com | [LinkedIn](#)

From: Abbie Divilio <AbbieD@Safechain.com>
Sent: Wednesday, March 10, 2021 8:45 AM
To: Pat Boyd <PatB@Safechain.com>
Subject: T3 Verification Issue

Good Morning Pat,

We were attempting to verify the T3 information provided to us from the new vendor Synergy and this is the response we received:

Hello Dakota,

I apologize for the delay, I missed this email when it first came in. These products were not purchased from us. We did employ someone named Jeffrey Anderson however he is no longer with the company. We have no existing relationship with Synergy Group Wholesalers so any Transaction History that they give you with our information is incorrect.

We appreciate you bringing this to our attention and will submit a report with the FDA.

Thank you,

Kelly

Kelly Darrow
DMS Pharmaceutical Group
p: 847-518-1100 x 230
f: 847-518-1105
e: kdarrow@dmspharma.com

GOVERNMENT
EXHIBIT

243

1:24-cr-20255-WPD

How would you like to handle this?



Abbie Divilio | Director of Compliance
Safe Chain Solutions, LLC
822 Chesapeake Drive | Cambridge, MD 21613
office: 855.437.5727 x1017 | fax: 866.930.1128
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From: Dakota Flowers <dakotaf@safechain.com>
Sent: Wednesday, March 10, 2021 8:32 AM
To: Abbie Divilio <AbbieD@Safechain.com>
Subject: FW: FW: T3 Verification



Dakota Flowers | Compliance Support Specialist
Safe Chain Solutions, LLC
822 Chesapeake Drive | Cambridge, MD 21613
office: 855.437.5727 x1022 | fax: 866.930.1128
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From: Kelly Darrow <kdarrow@dmspharma.com>
Sent: Tuesday, March 9, 2021 3:48 PM
To: Dakota Flowers <dakotaf@safechain.com>
Cc: Justin Colht <j.colht@dmspharma.com>
Subject: Re: FW: T3 Verification

Hello Dakota,

I apologize for the delay, I missed this email when it first came in. These products were not purchased from us. We did employ someone named Jeffrey Anderson however he is no longer with the company. We have no existing relationship with Synergy Group Wholesalers so any Transaction History that they give you with our information is incorrect.

We appreciate you bringing this to our attention and will submit a report with the FDA.

Thank you,

Kelly

Kelly Darrow
DMS Pharmaceutical Group
p: 847-518-1100 x 230
f: 847-518-1105
e: kdarrow@dmspharma.com

On Wed, Mar 3, 2021 at 11:30 AM Dakota Flowers <dakotaf@safechain.com> wrote:

Hello Kelly!

We are purchasing from Synergy Group Wholesalers. I have attached two randomly picked T3's that we received. Where they are new to us we just want to make sure everything is correct.

There are minor things that we picked up on the T3 paperwork. The contact Jefferey Anderson, his phone was in different area code then where you are located and he is using a Gmail account instead of a company account. I was slightly hesitant when we received the T3 paperwork but I appreciate you helping me verify this information!



Dakota Flowers | Compliance Support Specialist
Safe Chain Solutions, LLC
822 Chesapeake Drive | Cambridge, MD 21613
office: 855.437.5727 x1022 | fax: 866.930.1128
www.SafeChain.com | [LinkedIn](#)

From: Kelly Darrow <kdarrow@dmspharma.com>

Sent: Wednesday, March 3, 2021 10:48 AM

To: Dakota Flowers <dakotaf@safechain.com>

Cc: Justin Colht <j.colht@dmspharma.com>

Subject: Re: FW: T3 Verification

Hello Dakota,

We do provide pedigree documents to our customers that contain T3 information. Can you tell me what company you are purchasing from and if there is a specific transaction you are looking to verify?

Thank you!

Kelly

Kelly Darrow
DMS Pharmaceutical Group

p: 847-518-1100 x 230
f: 847-518-1105
e: kdarrow@dmspharma.com

On Wed, Mar 3, 2021 at 9:16 AM <j.colht@dmspharma.com> wrote:

Justin Colht
Contract Manager
DMS Pharmaceutical Group, Inc.
847-518-1100 ext. 246
j.colht@dmspharma.com

From: Lily Dragin <ldragin@dmspharma.com>
Sent: Wednesday, March 3, 2021 9:10 AM
To: Justin Colht <j.colht@dmspharma.com>
Subject: Fwd: T3 Verification

Hi Justin,

Could you please look into this?

Thank you,

Lily Dragin
Vice President
DMS Pharmaceutical Group, Inc.
810 Busse Highway
Park Ridge, IL 60068
(847) 518-1100 ext. 235

----- Forwarded message -----

From: **Dakota Flowers** <dakotaf@safchain.com>
Date: Wed, Mar 3, 2021 at 8:00 AM
Subject: T3 Verification
To: Rx@dmspharma.com <Rx@dmspharma.com>

Good Morning!

I am contacting you to see if there is a way for me to verify a pedigree with your company. Or point me in the right direction of someone who would be able to assist me with this. We recently added a new supplier who receives his product from DMS and we want to make sure everything is in order on our T3's.

I can be reached at the contact information below if there are any questions?



Dakota Flowers | Compliance Support Specialist
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SYNERGY GROUP WHOLESALERS

PRESCRIPTION (LEGEND) DRUG PEDIGREE
History of Drug Sales and Distributions

Description of drug being distributed PREZISTA

Legend Drug Name, Strength, Dosage Form, Container Size: Prezista 800Mg 30Tbs

This is a repackaged drug (required repackager's pedigree information and authentication of repackager's pedigree)

NDC (Optional): 59676-566-30

PO * Number: 1212140

Document Type: Invoice

Reference * Date: 3/2/21

(related to the sale by the wholesaler identified above)

Lot Number	Quantity
20JG278	1
20DG027X	1
20LG416	1
20HG207	1

Lot Number	Quantity

Lot Number	Quantity

Lot Number	Quantity

Ownership History

Manufacturer's Name: JANSSEN

Manufacturer's information for authentication:

1. Wholesaler that purchased from the MANUFACTURER or a REPACKAGER (which requires authentication)

1. #1 SOLD TO:
Name: DMS PHARMACEUTICAL GROUP INC
Address: Park Ridge, IL 60068
Date Purchased & Ref * #: 2/11/2021 14934578
Print Name of Recipient: Jefferey Anderson
Signature of Recipient: _____
Name of Authenticators: Jefferey Anderson
Signature of Authenticator: _____
To authenticate a subsequent transaction, contact:
Name: Jefferey Anderson
Telephone Number: (773) 732-2712
E-mail Address: Jeffereyandersondms@gmail.com

3. #2 SOLD TO:
Name: SAFE CHAIN SOLUTIONS
Address: 822 CHESAPEAKE DR
CAMBRIDGE MD 21613
Date Purchased & Ref * #: 3/3/2021 H1321
Print Name of Recipient: _____
Signature of Recipient: _____
Name of Authenticators: _____
Signature of Authenticator: _____
To authenticate a subsequent transaction, contact:
Name: _____
Telephone Number: _____
E-mail Address: _____

2. #1 SOLD TO:
Name: SYNERGY GROUP WHOLESALERS
Address: 491 Amwell Road
Hillsborough, NJ 08844
Date Purchased & Ref * #: 2/23/2021 8C13810
Print Name of Recipient: Carlos Vega
Signature of Recipient: _____
Name of Authenticators: Carlos Vega
Signature of Authenticator: _____
To authenticate a subsequent transaction, contact:
Name: Carlos Vega
Telephone Number: (609) 635-1559
E-mail Address: carlos@synergysgroupwholesaler.com

4. #3 SOLD TO:
Name: _____
Address: _____
Date Purchased & Ref * #: _____
Print Name of Recipient: _____
Signature of Recipient: _____
Name of Authenticators: _____
Signature of Authenticator: _____
To authenticate a subsequent transaction, contact:
Name: _____
Telephone Number: _____
E-mail Address: _____

CARLOS VEGA

Signature (authorized to bind the company)

CARLOS VEGA

Print Name and Title

3/3/21

Date

*Reference Number should be identified as an invoice, purchase order, shipping document number or similar unique identifier.

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SYNERGY GROUP WHOLESALERS

PRESCRIPTION (LEGEND) DRUG PEDIGREE
History of Drug Sales and Distributions

Description of drug being distributed EDURANT

Legend Drug Name, Strength, Dosage Form, Container Size: Edurant 25Mg 30Tbs

This is a repackaged drug (required repackager's pedigree information and authentication of repackager's pedigree)

NDC (Optional): 59676-0278-01

PO * Number: 1212140

Document Type: Invoice

Reference * Date: 3/2/21

(related to the sale by the wholesaler identified above)

Lot Number	Quantity	Lot Number	Quantity	Lot Number	Quantity	Lot Number	Quantity
JEL2600	1						

Ownership History

Manufacturer's Name: JANSSEN

Manufacturer's information for authentication:

1. Wholesaler that purchased from the MANUFACTURER or a REPACKAGER (which requires authentication)

<p>1.</p> <p>Name: DMS PHARMACEUTICAL GROUP INC</p> <p>Address: Park Ridge, IL 60068</p> <p>Date Purchased & Ref * #: 2/11/2021 14934578</p> <p>Print Name of Recipient: Jefferey Anderson</p> <p>Signature of Recipient: _____</p> <p>Name of Authenticators: Jefferey Anderson</p> <p>Signature of Authenticator: _____</p> <p>To authenticate a subsequent transaction, contact:</p> <p>Name: Jefferey Anderson</p> <p>Telephone Number: (773) 732-2712</p> <p>E-mail Address: Jeffereyandersondms@gmail.com</p>	<p>3. #2 SOLD TO:</p> <p>Name: SAFE CHAIN SOLUTIONS</p> <p>Address: 822 CHESAPEAKE DR</p> <p>CAMBRIDGE MD 21613</p> <p>Date Purchased & Ref * #: 3/3/2021 H1321</p> <p>Print Name of Recipient: _____</p> <p>Signature of Recipient: _____</p> <p>Name of Authenticators: _____</p> <p>Signature of Authenticator: _____</p> <p>To authenticate a subsequent transaction, contact:</p> <p>Name: _____</p> <p>Telephone Number: _____</p> <p>E-mail Address: _____</p>
<p>2. #1 SOLD TO:</p> <p>Name: SYNERGY GROUP WHOLESALERS</p> <p>Address: 491 Amwell Road</p> <p>Hillsborough, NJ 08844</p> <p>Date Purchased & Ref * #: 2/23/2021 8C13810</p> <p>Print Name of Recipient: Carlos Vega</p> <p>Signature of Recipient: _____</p> <p>Name of Authenticators: Carlos Vega</p> <p>Signature of Authenticator: _____</p> <p>To authenticate a subsequent transaction, contact:</p> <p>Name: Carlos Vega</p> <p>Telephone Number: (609) 635-1559</p> <p>E-mail Address: carlos@synergysgroupwholesaler.com</p>	<p>4. #3 SOLD TO:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Date Purchased & Ref * #: _____</p> <p>Print Name of Recipient: _____</p> <p>Signature of Recipient: _____</p> <p>Name of Authenticators: _____</p> <p>Signature of Authenticator: _____</p> <p>To authenticate a subsequent transaction, contact:</p> <p>Name: _____</p> <p>Telephone Number: _____</p> <p>E-mail Address: _____</p>

CARLOS VEGA

Signature (authorized to bind the company)

CARLOS VEGA

Print Name and Title

3/3/21

Date

*Reference Number should be identified as an invoice, purchase order, shipping document number or similar unique identifier.

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